

4642

## CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

PLACE OF DEATH A. COUNTY Gila	B. LENGTH OF STAY IN THIS TOWN 32 yrs IN ARIZONA 40 yrs	2. USUAL RESIDENCE A. STATE Arizona		REGISTRAR'S NO. (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION) B. COUNTY Gila	
		C. CITY OR TOWN Miami		D. STREET (IF RURAL, GIVE LOCATION) ADDRESS 741 South St.	
3. NAME OF DECEASED (TYPE OR PRINT) Loma		4. SEX male		5. COLOR OR RACE white	
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) married		6B. NAME OF SPOUSE Alortha Morrison		7. DATE OF BIRTH MONTH DAY YEAR Oct 14 1901	
8. AGE (IN YEARS) LAST BIRTHDAY 58		9. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) copper mining-clerk		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Winfield, Ala	
11. CITIZEN OF WHAT COUNTRY? U.S.A.		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (IF YES, WAR OR DATES OF SERVICE) no		13. SOCIAL SECURITY NO. 526-01-8426	
14A. FATHER'S NAME Mingan, Astor		14B. BIRTHPLACE (STATE OR COUNTRY) Alabama		15A. MOTHER'S MAIDEN NAME Auguste Caroline McCallum	
15B. BIRTHPLACE (STATE OR COUNTRY) Alabama		16. INFORMANT'S SIGNATURE (wife) Alortha Astor		17. DATE OF DEATH June 28, 1960 2:35 P.M.	
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Coronary Thrombosis ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) DUE TO (C) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. PLACE DISEASE CONTRACTED.		19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 1960 TO 1960 THAT I LAST SAW THE DECEASED ALIVE ON 6-25-60 AND THAT DEATH OCCURRED AT 2:35 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.		22A. SIGNATURE (DEGREE OR TITLE) J. Paulsen	
22B. ADDRESS Miami, Fla		22C. DATE SIGNED 6-29-60		23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE	
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE)		23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY	
23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?		24A. CORONER'S SIGNATURE R. M. Carpenter	
24B. ADDRESS Miami - Fla		24C. DATE SIGNED 6-29-60		25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	
25B. DATE June 30, 1960		25C. NAME OF CEMETERY OR CREMATORY Globe Cemetery, Masonic Sect.		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Globe, Arizona	
26A. DATE REC. BY LOCAL REG.		26B. REGISTRAR'S SIGNATURE		27A. FUNERAL DIRECTOR'S SIGNATURE	
27B. ADDRESS Globe, Arizona		28A. EMBALMER'S SIGNATURE		28B. EMBALMER'S CERT. NO. #323	